

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1898

Registrar's No.

128

Registration District No. 35

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Me. Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 63 yrs

3. (a) PRINT FULL NAME Michael John Kleinfelder

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 29 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Whitesville Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name John Kleinfelder
13. Birthplace No Record GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET DRAUT
15. Birthplace No Record GLUTENSBURG
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Kleinfelder
(b) Address Rea, Mo.

17. (a) Burial (b) Date thereof 2-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville, Mo.

18. (a) Signature of funeral director E. B. Burt

(b) Address Savannah, Mo.

19. (a) Jan 30 1941 (b) A. J. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Whitesville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
year 1941 hour 5:20 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 20 1941 to Jan 30 1941.
that I last saw him alive on Jan 29 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Duration _____

Due to Diabetes & other
Hypertrophy of Prostate
Due to _____

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophy of Prostate
Of autopsy Not reported as yet
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____

23. Signature R. O. Pearson (M. D. or other) D
Address 825 Charles Date signed 1/30/41

JAN 2 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.